



This is an official DHEC Health Update

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2012-2013 SC Influenza Surveillance

This update is to provide healthcare professionals with the latest information regarding:

- SC influenza surveillance and reporting systems
- State-mandated influenza surveillance
- Voluntary influenza surveillance
- State lab influenza testing and specimen submission
- Resource Links
- Attachments: Regional health department contact information, positive rapid influenza test reporting worksheet, and influenza hospitalization reporting worksheet

SC Influenza Surveillance and Reporting Systems

South Carolina influenza surveillance consists of both mandatory and voluntary reporting systems for year-round influenza surveillance. These networks provide information on influenza virus strain and subtype and influenza disease burden.

Combined, these systems assist in:

- Determining when and where influenza activity is occurring in the state
- Determining what influenza viruses are circulating
- Detecting changes in influenza viruses
- Tracking influenza-related illness
- Understanding influenza morbidity and mortality in SC

Data from these systems are reported on DHEC's influenza surveillance website:
<http://www.scdhec.gov/flu/flu-activity-surveillance.htm>

State-mandated Influenza Surveillance Components

SC State Law # 44-29-10 and Regulation # 61-20 requires reporting of diseases and conditions to local and state health departments. The following influenza-related conditions are reportable:

- Influenza A, novel or avian (not seasonal H1 or H3)
Human infections with novel or avian influenza virus A (other than seasonal H1, H3, or 2009 H1N1) should be reported immediately to the local health department. This includes variant strains such as influenza A H1N1v, A H1N2v, and A H3N2v.

- Lab confirmed cases (culture, RT-PCR, DFA, IFA)
Laboratory reports of influenza culture, RT-PCR, DFA, and IFA results should be reported to DHEC within 7 days either electronically via CHESS or using the DHEC 1129 card.
- Influenza-associated hospitalizations
The total number of laboratory confirmed influenza hospitalizations should be reported to the regional health department by age group (0-4, 5-18, 19-24, 25-49, 50-64, 65+) by **noon** on **Monday**. Laboratory confirmation includes culture, RT-PCR, DFA, IFA, or rapid test. A positive influenza hospitalization reporting worksheet is attached and should be used for weekly reporting by hospitals.
- Influenza-associated deaths
Pediatric influenza deaths are reportable within 24 hours by phone to the regional health department. All other influenza deaths are reportable within 7 days. Laboratory confirmation includes culture, RT-PCR, DFA, IFA, rapid test or autopsy results consistent with influenza. Upon notification of a death, the Regional Disease Surveillance and Response Coordinator will follow up to obtain additional information needed for the case report form.
- Positive Rapid Antigen Tests
The total number of positive rapid antigen tests by type (A, B, A and B, or unknown) should be reported to the regional health department by **noon** each **Monday** for the preceding week. A positive rapid influenza worksheet is attached and should be used for weekly reporting.

Voluntary Influenza surveillance

In SC, sentinel providers participate in a voluntary influenza monitoring network in which influenza-like illness is monitored and reported (ILINet).

- U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)
ILINet is a national surveillance system in which a network of providers submit the number of patients seen with influenza-like symptoms and the total number of patients seen each week. ILI is defined as fever (temperature of >100°F) plus a cough and/or a sore throat in the absence of another known cause.

State Lab Testing and Specimen Submission

The SC DHEC Bureau of Laboratories (BOL) will continue to offer viral culture and subtyping, focusing on the following groups:

- Medically attended ILI and acute respiratory illness (ARI) in children under 18 years of age,
- Unusual or severe presentations of ILI,
- Patients admitted to hospital intensive care units with severe influenza-like illness (ILI) and no other confirmed diagnosis (e.g. RSV, Adenovirus),
- ILI outbreaks, particularly among children in child-care and school settings,
- Patients with ILI symptoms and recent swine contact,
- Fatalities associated with ILI.

Testing may also be performed at the BOL when public health staff in the Division of Acute Disease Epidemiology (DADE) or the Regional Public Health Epidemiologic Response staff determine that such testing is necessary (e.g., under the auspices of an outbreak investigation). **Influenza RT-PCR will not be offered routinely and must be coordinated with a DHEC regional Disease Surveillance Response Coordinator (DSRC) or Epidemiologist.**

Acceptable Specimens for Testing at the SC DHEC BOL

The current specimen types acceptable for testing by our SC DHEC Bureau of Laboratories are:

- Upper respiratory: nasopharyngeal swab (NPS) or throat swab
- Lower respiratory: bronchoalveolar lavage tracheal aspirates, bronchial washes

A nasopharyngeal swab remains the specimen of choice for influenza testing. Lower respiratory specimens may be appropriate for critically ill patients who are highly suspected of having influenza, but who have a negative RT-PCR result on an upper respiratory tract specimen. These patients may clear virus from their upper respiratory tract, while lower respiratory specimens remain positive by RT-PCR.

Specimen Submission

If testing is indicated, collect a specimen as soon as possible after symptom onset and record the date of onset on the test request form. Negative RT-PCR results from specimens collected more than 5 days after symptom onset will be reported with the following disclaimer: "Please interpret result with caution. Specimens should be collected within five days of symptom onset. Negative PCR results do not preclude influenza virus infection and should not be used as the sole basis for treatment or other patient management decisions."

All specimens should be submitted in viral transport media. Please use polyester swabs when collecting nasopharyngeal or throat specimens.

- Specimens submitted for viral culture can be shipped at room temperature.
- Specimens submitted for RT-PCR should be shipped on cold packs in insulated shippers.
- Specimens from hospitalized or deceased patients should be shipped to the BOL on cold packs in insulated shippers.
- Specimens should be submitted along with the SC DHEC BOL Laboratory Request Form (D-1335, multi-part form, available from the BOL).

Resources for Additional Information

- DHEC Influenza Monitoring Website:
<http://www.scdhec.gov/flu/flu-activity-surveillance.htm>
- South Carolina 2012 List of Reportable Conditions
<http://www.scdhec.gov/health/disease/reportables.htm>
- CDC Influenza surveillance website:
<http://www.cdc.gov/flu/weekly/fluactivity.htm>

DHEC contact information for reportable diseases and reporting requirements

Reporting of influenza is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2012 List of Reportable Conditions available at: <http://www.scdhec.gov/health/disease/reportables.htm>. Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2012

Mail or call reports to the Epidemiology Office in each Public Health Region.

Region 1

Anderson, Oconee
220 McGee Road
Anderson, SC 29625
Phone: (864) 260-4358
Fax: (864) 260-5623
Nights / Weekends: 1-866-298-4442

Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda
1736 S. Main Street
Greenwood, SC 29646
Phone: 1-888-218-5475
Fax: (864) 942-3690
Nights / Weekends: 1-800-420-1915

Region 2

Greenville, Pickens
PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 282-4139
Fax: (864) 282-4373
Nights / Weekends: (864) 809-3825

Cherokee, Spartanburg, Union
PO Box 4217
151 E. Wood Street
Spartanburg, SC 29305-4217
Phone: (864) 596-2227, x- 210
Fax: (864) 596-3443
Nights / Weekends: (864) 809-3825

Region 3

Chester, Lancaster, York
PO Box 817
1833 Pageland Highway
Lancaster, SC 29720
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: 1-866-867-3886

Region 3 (continued)

Fairfield, Lexington, Newberry, Richland
2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: 1-888-554-9915

Region 4

Clarendon, Kershaw, Lee, Sumter
PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: (803) 458-1847

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion
145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 601-7051

Region 5

Bamberg, Calhoun, Orangeburg
PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 533-7199
Fax: (803) 533-7134
Nights / Weekends: (803) 516-5166

Aiken, Allendale, Barnwell
1680 Richland Avenue, W. Suite 40
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: (803) 645-8167

Region 6

Georgetown, Horry, Williamsburg
1931 Industrial Park Road
Conway, SC 29526-5482
Phone: (843) 915-8804
Fax: (843) 365-0085
Nights / Weekends: (843) 340-4754

Region 7

Berkeley, Charleston, Dorchester
4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 953-0047
Fax: (843) 953-0051
Nights / Weekends: (843) 219-8470

Region 8

Beaufort, Colleton, Hampton, Jasper
219 S. Lemacks Street
Walterboro, SC 29488
Phone: (843) 605-3407
Fax: (843) 549-6845
Nights / Weekends: 1-843-441-1091

DHEC Bureau of Disease Control Division of Acute Disease Epidemiology

1751 Calhoun Street
Box 101106
Columbia, SC 29211
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902



www.scdhec.gov

Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.



Positive rapid influenza test results summary worksheet 2012-2013

Reporting week: ____/____/____ - ____/____/____ (Sunday – Saturday)

Reporting Facility/Practice: _____

County: _____

Total Positive Rapid Tests by Type				
	A	B	A or B	Unknown
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total positive				

Notes:

- Only positive rapid tests should be reported using this worksheet. Positive viral cultures, “rapid” viral cultures, PCRs, DFAs, and IFAs should be reported electronically or using the DHEC 1129 Cards.
- **Influenza is reportable year-round. Positive rapid tests should be reported within one week. Fax this worksheet by NOON ON MONDAY OF THE FOLLOWING WEEK** to the regional health department. Contact numbers for regional health departments are available at: <http://www.scdhec.gov/health/disease/reportables.htm>.
- Contact the regional health department if you wish to submit this worksheet via email.



**Laboratory confirmed influenza hospitalizations
reporting worksheet (For Hospital Use)**

Reporting hospital: _____

County: _____

Date of report: ____/____/____

Reporting week: ____/____/____ - ____/____/____ (Sunday-Saturday)

Contact name: _____

Contact telephone: _____

Age group	Total Weekly Hospitalizations
0-4	
5-17	
18-49	
50-64	
65+	
Unknown	
Total	

Notes:

- Lab confirmation includes RT-PCR, viral culture, DFA, IFA, and rapid tests.
- Fax this report to the **Regional Health Department** by **noon** Monday for the preceding week.
Regional health department contact numbers are available at:
<http://www.scdhec.gov/health/disease/reportables.htm>
- Report zeros if there were no influenza hospitalizations.
- Contact the regional health department to report an influenza associated death.